						•			
	n this information to identify your tor 1 Diane L. Ma								
	tor 2				_				
` '	use, if filing) ed States Bankruptcy Court for th	e: DISTRICT OF NEW F	HAMPSHIRE						
(If kno	e number 16-11428 ficial Form 106I						ed filing ent show as of the	ing postpetition cha following date:	apter
Sc	hedule I: Your Inc	ome				,			12/15
supp spou	s complete and accurate as poolying correct information. If youse. If you are separated and you has separate sheet to this form  Describe Employment	u are married and not filir ur spouse is not filing wi . On the top of any additi	ng jointly, and your sith you, do not include	spouse de infor	is liv mati	ing with you, incl on about your spo	ude info ouse. If r	rmation about you nore space is nee	ur ded,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non	-filing spouse	
	If you have more than one job, attach a separate page with information about additional	Employment status	<ul><li>■ Employed</li><li>□ Not employed</li></ul>			■ Empl	•		
	employers.	Occupation	USPS clerk			aircraft	mecha	ınic	
	Include part-time, seasonal, or self-employed work.	Employer's name				Americ	an Airli	nes	
	Occupation may include student or homemaker, if it applies.	Employer's address							
		How long employed to	here?						_
Part	Give Details About Mo	onthly Income							
	mate monthly income as of the se unless you are separated.	date you file this form. If	you have nothing to re	port for	any	line, write \$0 in the	space. I	nclude your non-fili	ng
	u or your non-filing spouse have nespace, attach a separate sheet t		ombine the information	n for all e	emplo	oyers for that perso	on on the	lines below. If you	need
						For Debtor 1		ebtor 2 or iling spouse	
2.	List monthly gross wages, sal deductions). If not paid monthly			2.	\$	2,653.00	\$	4,654.00	
3.	Estimate and list monthly ove	rtime pay.		3.	+\$	0.00	+\$	0.00	

2,653.00

4,654.00

Calculate gross Income. Add line 2 + line 3.

Deb	tor 1	Diane L. Maucieri	-	С	ase number (if known)	16	-11428		
					For Debtor 1	n	or Debtor on-filing s	spouse	
	Сор	y line 4 here	4.		\$ 2,653.00	\$	4	,654.00	<u>)                                    </u>
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.		\$ 850.00	\$	1	,500.00	)
	5b.	Mandatory contributions for retirement plans	5b.		\$ 0.00	\$		0.00	_
	5c.	Voluntary contributions for retirement plans	5c.		\$ 0.00	\$		0.00	
	5d.	Required repayments of retirement fund loans	5d.		\$0.00	\$		0.00	_
	5e.	Insurance	5e.		\$0.00	\$		0.00	_
	5f.	Domestic support obligations Union dues	5f.		\$ <u>0.00</u> \$ 0.00	\$		0.00	_
	5g. 5h.	Other deductions. Specify:	5g. 5h.		\$\$ \$0.00	\$ + \$		0.00	_
6			_						_
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.			\$		,500.00	_
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	,	\$ 1,803.00	\$	3	,154.00	<u>)                                    </u>
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$ 1,200.00	\$		0.00	1
	8b.	Interest and dividends	8b.		\$ 0.00	\$		0.00	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$ 0.00	\$		0.00	<u> </u>
	8d.	Unemployment compensation	8d.		\$ 0.00	\$		0.00	_
	8e.	Social Security	8e.		\$	\$		0.00	<u> </u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:	8f.		\$0.00	\$		0.00	_
	8g.	Pension or retirement income	8g.		\$0.00	\$		0.00	_
	8h.	Other monthly income. Specify:	8h.	+	\$ 0.00	+ \$		0.00	<u> </u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	1,200.00	\$		0.0	0
10	Calc	culate monthly income. Add line 7 + line 9.	10.	\$	3,003.00 + \$		3,154.00	= \$	6,157.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	,	_	3,003.00		3,134.00		0,107.00
11.	Stat Inclu	e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your r friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a	deper		.,	,	n <i>Schedul</i> e	e <i>J</i> . +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies						\$	6,157.00
13.	Do y	ou expect an increase or decrease within the year after you file this form	?					Combi month	ned ly income
		No.							
		Voc Evoloin:							,

EHII	in this informs	ation to identify yo	our caca:							
Debtor 1 Diane L. Maucieri					Check if this is:  An amended filing					
	tor 2						A supplement sho	owing postpetition chapter		
(Spo	ouse, if filing)				13 expenses as o	f the following date:				
Unit	ed States Bank	ruptcy Court for the	: DISTRI	CT OF NEW HAMPSHIRE	<u> </u>		MM / DD / YYYY			
		6-11428								
(If k	nown)									
$\bigcirc$	fficial Ea	rm 106 l								
		orm 106J	<u></u>							
		: J: Your		ISES . If two married people ar	e filing together, bo	oth are en	ually responsible t	12/1: for supplying correct		
info	ormation. If m	nore space is ne	eded, atta	ch another sheet to this						
		n). Answer ever	•	n.						
Par 1.	t 1: Desc Is this a join	ribe Your House nt case?	hold							
	■ No. Go to									
	☐ Yes. Doe	es Debtor 2 live	in a separa	ate household?						
	□ N	-	st file Offici	al Form 106J-2, <i>Expenses</i>	s for Separate House	<i>hold</i> of De	ebtor 2.			
2.	Do you hav	e dependents?	□ No							
	Do not list D Debtor 2.	-	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?		
	Do not state	the						□ No		
	dependents				child		12	Yes		
					child		14	□ No ■ Yes		
								_		
					child		17	■ Yes		
					child		21	□ No		
3.	Do your ex	penses include	_	No	Ciliu			■ Yes		
	•	f people other to	han $_{\square}$	Yes						
Dar	<u> </u>	,								
Par Est	imate your e	nate Your Ongoi xpenses as of ye	our bankrı	uptcy filing date unless y	ou are using this fo	orm as a s	supplement in a Ch	napter 13 case to report		
	enses as of a plicable date.	a date after the l	bankruptc	y is filed. If this is a supp	olemental Schedule	<i>J</i> , check	the box at the top	of the form and fill in the		
				government assistance i						
	ficial Form 10		a nave inc	cluded it on <i>Schedule I:</i> Y	rour income		Your exp	penses		
4	The newfold				a alcoda Cast as astrono	_				
4.		or nome owners nd any rent for th		ses for your residence. In r lot.	nclude first mortgage	4.	\$	1,661.00		
	If not include	ded in line 4:								
	4a. Real	estate taxes				4a.	·	0.00		
	•	erty, homeowner's		's insurance ipkeep expenses		4b. 4c.		0.00		
		e maintenance, re	•			40.	Ψ	0.00		

5. Additional mortgage payments for your residence, such as home equity loans

Debtor 1	Diane L.	Maucieri	Case nun	nber (if known)	16-11428
	•.•				
6. <b>Util</b> i 6a.	ities:	heat, natural gas	6a.	<b>c</b>	250.00
	•				350.00
6b.		ver, garbage collection	6b.	· : ———	0.00
6c.	•	e, cell phone, Internet, satellite, and cable services	6c.		300.00
6d.	Other. Spe	•	6d.	·	0.00
. Foo	od and house	ekeeping supplies	7.		1,000.00
. Chi	ldcare and c	hildren's education costs	8.	\$	0.00
. Clo	thing, laundı	ry, and dry cleaning	9.	\$	150.00
0. Per	sonal care p	roducts and services	10.	\$	100.00
1. <b>Me</b> d	dical and der	ntal expenses	11.	\$	100.00
2. <b>Tra</b> i	nsportation.	Include gas, maintenance, bus or train fare.		· <del></del>	
	not include ca		12.	\$	400.00
		clubs, recreation, newspapers, magazines, and books	13.	\$	150.00
		ributions and religious donations	14.	\$	50.00
	urance.			•	
		surance deducted from your pay or included in lines 4 or 20.			
	. Life insura		15a.	\$	0.00
	. Health insu		15b.		0.00
	. Vehicle ins		15c.	·	100.00
				· -	
		rance. Specify:	15d.	Φ	0.00
		clude taxes deducted from your pay or included in lines 4 or 20.	40	œ.	2.22
	ecify:		16.	\$	0.00
		ease payments:	4-7	•	
		ents for Vehicle 1	17a.	· -	484.00
		ents for Vehicle 2	17b.	·	0.00
17c	<ul> <li>Other. Spe</li> </ul>	ecify:	17c.	\$	0.00
17d	. Other. Spe	ecify:	17d.	\$	0.00
8. <b>Yo</b> u	ır payments	of alimony, maintenance, and support that you did not repo	rt as		
ded	lucted from y	your pay on line 5, Schedule I, Your Income (Official Form 10	<b>)6I).</b> 18.	\$	0.00
9. <b>Oth</b>	er payments	you make to support others who do not live with you.		\$	0.00
Spe	cify:		19.	·	
ე. <b>Oth</b>	er real prope	erty expenses not included in lines 4 or 5 of this form or on	Schedule I: Y	our Income.	
20a	. Mortgages	on other property	20a.	\$	143.00
20b	. Real estate	e taxes	20b.	\$	300.00
20c	Property h	nomeowner's, or renter's insurance	20c.	\$	100.00
		ce, repair, and upkeep expenses	20d.	· -	150.00
		er's association or condominium dues	20d.		
				· ·	0.00
ı. Oth	er: Specify:	Gifts	21.	+\$	100.00
2. Cal	culate vour r	monthly expenses			
	. Add lines 4	•		\$	5,638.00
		2 (monthly expenses for Debtor 2), if any, from Official Form 106	I-2	\$	3,030.00
			J- <u>∠</u>	l '	
22c	. Add line 22a	a and 22b. The result is your monthly expenses.		\$	5,638.00
3 Cal	culate vour r	monthly net income.			
	-	12 (your combined monthly income) from Schedule I.	23a.	\$	6,157.00
		monthly expenses from line 22c above.	23a. 23b.	·	5,638.00
230	. Copy your	monuny expenses nomine 220 above.	230.	-φ	5,038.00
220	Subtract	our monthly expenses from your monthly income			
23C		our monthly expenses from your monthly income. is your <i>monthly net income</i> .	23c.	\$	519.00
	THE TESUIT	is your monthly not income.	_50.		
24. <b>Do</b>	you expect a	an increase or decrease in your expenses within the year aft	er you file thi	s form?	
		u expect to finish paying for your car loan within the year or do you expec			ease or decrease because of a
mod	lification to the	terms of your mortgage?	- 0		
<b>I</b>	No.				
	Yes.	Explain here:			
ш,	ı <del>c</del> 5.	Explain note.			

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Fill	in this information to identify your case:		
Del	btor 1 Diane L. Maucieri		
Dol	First Name Middle Name Last Name		
	buse if, filing)  First Name  Middle Name  Last Name		
Uni	ited States Bankruptcy Court for the: DISTRICT OF NEW HAMPSHIRE		
	se number 16-11428 nown)	_	k if this is an ided filing
Su Be a	ficial Form 106Sum  Immary of Your Assets and Liabilities and Certain Statistical Information as complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend	or supplyii	
you	r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.  t 1: Summarize Your Assets	eu scrieut	nes alter you me
ı aı	t I. Summarize rour Assets	Your a	essets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	370,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	17,700.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	387,700.00
Par	t 2: Summarize Your Liabilities	· —	
· aı		Your I	iabilities
			nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	253,226.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	3,000.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	11,902.00
	Your total liabilities	\$	268,128.00
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	6,157.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	5,638.00
Par	Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	our other sc	hedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal	, family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this the court with your other schedules.	s <i>box</i> and s	submit this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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Debtor 1 Diane L. Maucieri Case number (if known) 16-11428

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$\_\_\_\_\_8,507.00

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total clair	n
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	3,000.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	3,000.00